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Competency-Based Professional Development Programs for Nurses in Urban Communities: A Qualitative Study of Needs and Challenges

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ABSTRACT

This descriptive qualitative study used a phenomenological approach to explore the perceived needs and challenges of implementing Competency-Based Professional Development (CBPD) in urban community nursing. Ten purposively selected registered nurses—five Chief Nurses and five Training Officers—from urban healthcare facilities in Bulacan, Philippines, participated in semi-structured interviews, which were analyzed using Braun and Clarke's six-phase thematic analysis. Chief Nurses prioritized leadership, policy integration, compliance, evaluation, strategic planning, and workforce development, while Training Officers emphasized curriculum design, facilitation, coordination, contextualized training, and engagement. Barriers included resource and time limitations (workload, scheduling, funding, facilities, and CPD credits) and institutional and systemic barriers (administrative demands, competing priorities, costly evaluation tools, and bureaucracy). Policies and leaders generally supported CBPD, but insufficient resources and mentorship limited implementation. Participants perceived benefits for patient safety, care quality, preparedness, confidence, leadership, workforce alignment, and career advancement. Recommended improvements included protected training hours, adequate funding, modernized urban-focused curricula, mentorship, institutionalized policies, streamlined processes, evaluation systems, mobile training, and flexible scheduling. CBPD should be treated as a strategic investment, although its effects on patient outcomes require direct evaluation.

Keywords: ***C****ompetency-based professional development, urban nursing, nursing competencies, organizational support, qualitative research*

INTRODUCTION

Competency-based professional development (CBPD) develops measurable knowledge, skills, attitudes, and behaviors for nursing practice. In urban communities, patient diversity, high demand, and limited resources increase the need for leadership, cultural responsiveness, advanced decision-making, and adaptability (Fukada, 2021; World Health Organization, 2021). Yet workload, funding, weak support, inaccessible schedules, and poorly aligned training can restrict participation (Labrague & De Los Santos, 2021; Mlambo et al., 2021). This study examined these issues through Chief Nurses and Training Officers in Bulacan.

Statement of the Problem

The central question asked how nurses in urban community settings perceived the needs and challenges of implementing CBPD. The probing questions were:

1. What competencies are considered essential for nurses working in urban community healthcare settings?
2. What barriers affect nurses' participation in competency-based professional development programs?

3. How do organizational policies, leadership, resources, and mentorship influence CBPD implementation?
4. What are the perceived effects of CBPD on patient care quality and nurses' career advancement?

Scope and Delimitations

The study covered five Chief Nurses and five Training Officers from selected urban healthcare facilities in Bulacan. All had at least one year of relevant experience and direct knowledge of professional development. The study excluded rural facilities, specialized tertiary hospitals outside Bulacan, and personnel without clinical or training roles. The study examined perceptions rather than directly measuring patient outcomes or longitudinal effectiveness.

Review of Related Literature

Nursing competency includes clinical expertise, communication, adaptability, ethics, leadership, and systems thinking (Fukada, 2021). Urban practice also requires cultural responsiveness and advanced decision-making (World Health Organization, 2021). Lifelong learning sustains competence, but workload, staffing, financial constraints, insufficient support, and poorly aligned content can reduce participation (Mlambo et al., 2021; Labrague & De Los Santos, 2021). Supportive policies, resources, leadership, mentorship, and accessible learning can strengthen engagement.

Theoretical Framework

Benner's Novice to Expert Model explains progressive competency development; Knowles' Adult Learning Theory emphasizes relevant, experience-based instruction; and Organizational Support Theory explains how policy, leadership, resources, and recognition affect participation. Together, they frame individual learning and institutional support for CBPD.

Conceptual Framework

The framework links competency development, adult-learning engagement, and organizational support to CBPD participation and application. Its perceived outcomes are improved care quality and career advancement; however, the study does not claim direct causal measurement.

METHODOLOGY

Research Design

A descriptive qualitative phenomenological design explored the lived CBPD experiences of Chief Nurses and Training Officers rather than numerical or causal relationships.

Research Steps

The steps were ethics and institutional approval, purposive recruitment, consent, face-to-face or secure online interviews, permitted audio recording, verbatim transcription, thematic analysis, matrix comparison, interpretation, and reporting. Nursing education and health administration experts reviewed the guide for content validity.

Data Collection and Sample Selection

Purposive sampling selected 10 registered nurses—five Chief Nurses and five Training Officers—with six to 20 years of experience in varied urban facilities in Bulacan. All were involved in CBPD and consented. The four-part interview guide covered demographics, the central question, probes on competencies, barriers, organizational influence and impacts, and closing recommendations.

Data Analysis Methods

Braun and Clarke's (2021) phases—familiarization, coding, theme search, review, definition, and reporting—guided analysis. Response matrices linked statements, meanings, initial themes, and final themes, allowing comparison of both participant roles.

Research Hypotheses and Validation

No statistical hypothesis was tested because the design was qualitative. Research questions guided the inquiry. Expert review supported instrument validity, while verbatim transcription, systematic coding, response matrices, iterative review, and role comparison strengthened analysis.

Study Limitations and Ethical Considerations

The role-specific, self-reported findings from 10 participants in Bulacan are not statistically generalizable and do not directly measure patient outcomes. Approval, permission, consent, voluntary participation, coded identities, password-protected data, restricted academic use, and withdrawal rights protected participants in accordance with Philippine research ethics and data privacy requirements.

RESULTS AND DISCUSSION

Participants considered CBPD necessary for competence, readiness, care quality, confidence, and career growth, but unevenly supported because of limited time, funding, facilities, mentorship, materials, and efficient processes.

SOP 1. What competencies are most essential for professional growth and practice?

Chief Nurses emphasized leadership, regulation, evaluation, policy integration, workforce development, and quality assurance. Training Officers emphasized curriculum design, facilitation, coordination, contextualized training, and engagement. These complementary themes show that CBPD must balance strategic accountability with relevant instructional practice.

SOP 2. What barriers or challenges affect participation in CBPD?

Resource and Time Limitations included workload, scheduling, funding, facilities, dual responsibilities, costly evaluation tools, and limited CPD credits. Institutional and Systemic Barriers included administrative demands, competing priorities, budgets, and bureaucracy. Chief Nurses more often stressed systemic constraints; Training Officers emphasized practical shortages and workload.

SOP 3. How do policies, resources, and leadership influence participation?

Policy and Resource Influence, Leadership and Resource Adequacy, and Regulatory and Systemic Influence emerged. Policies and leaders encouraged CBPD, but inadequate budgets, outdated materials, facilities, CPD credits, mentorship, and slow processes prevented

full implementation. Support was meaningful only when matched by resources and feasible implementation.

SOP 4. How does CBPD affect care quality and career advancement?

Themes were Quality of Care and Professional Preparedness, Career Advancement and Leadership Growth, Workforce Sustainability and Alignment, and Contextualized Training and Engagement. Participants perceived gains in safety, readiness, confidence, compliance, leadership, adaptability, and career prospects. Chief Nurses stressed credibility and sustainability; Training Officers stressed relevant instruction and engagement. These were perceived, not directly measured, outcomes.

SUMMARY

Among five Chief Nurses and five Training Officers, CBPD needs differed by role but converged on leadership, instructional relevance, evaluation, and engagement. Time, workload, funding, facilities, materials, CPD credits, administration, and bureaucracy constrained participation. Supportive policies and leaders were weakened by resource and mentorship gaps. Participants associated CBPD with care quality, preparedness, confidence, workforce alignment, and advancement.

CONCLUSIONS

CBPD is a strategic investment in healthcare quality, workforce sustainability, and professional advancement. Chief Nurses linked it to credibility, compliance, evaluation, and workforce planning; Training Officers linked it to relevant instruction, confidence, and engagement. Institutions should adequately resource, institutionalize, and tailor CBPD to urban needs. Direct outcome research is required before causal claims are made.

RECOMMENDATIONS

Based on the findings and conclusions, healthcare institutions and training leaders are encouraged to:

1. Resource enhancement: allocate protected training hours, increase funding, and invest in facilities and evaluation systems.
2. Curriculum modernization: update materials, integrate digital resources, and tailor modules to urban health issues.
3. Mentorship development: establish structured mentorship programs and professional learning networks.
4. Policy and systemic reform: institutionalize CBPD, streamline bureaucratic processes, and align workforce planning with patient needs.
5. Accessibility and engagement: provide mobile training units, flexible schedules, and participatory formats.
6. Future research: include staff nurses and other urban settings and directly measure clinical, patient, and career outcomes over time.

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AI DECLARATION STATEMENT

AI-supported tools were used for language refinement, grammar, and structural formatting of this article. No AI tools were used to collect, analyze, or interpret the research data. The authors reviewed the final manuscript and remain fully responsible for its content, accuracy, and academic integrity.

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